

**DECLARATION AND POWER OF ATTORNEY FOR PATENT  
APPLICATION**

Attorney Docket No.: **50200 (SE1999IP)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **AC-DC ADAPTER INTERFACE AND BATTERY CHARGER HAVING HIGH SPEED BATTERY CHARGER CURRENT FOLDBACK WHEN ADAPTER CURRENT DEMAND EXCEEDS PRESCRIBED LIMIT**, the specification of which:

(check one)

X is attached hereto

\_\_\_\_\_ was filed on \_\_\_\_\_

as Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_  
(if applicable)

I/we hereby authorize my/our attorney to insert here in parentheses (Application Serial No. \_\_\_\_\_, filed \_\_\_\_\_), the filing date and application serial number of said application, when known.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulation, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	[ ]	[ ]
			Yes	No
			[ ]	[ ]

I hereby claim priority benefits under Title 35, United States Code, 119, of any United States application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the date of the application on which priority is claimed:

Prior U.S. (Provisional) Application: Priority Claimed

<u>60/545,369</u>	<u>02/18/2004</u>	[ X ]	[ ]
(Number)	(Filing Date)	Yes	No

<u>60/489,135</u>	<u>07/22/2003</u>	[ X ]	[ ]
(Number)	(Filing Date)	Yes	No

I hereby claim the benefit under Title 35, United States Code, 120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Appln Serial No.)	(Filing Date)	(Status)
(patented, pending, aban.)		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

BEST AVAILABLE COPY

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys/patent agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:



32095

PATENT TRADEMARK OFFICE

Direct telephone calls and send correspondence to:

CHARLES E. WANDS, ESQUIRE  
Reg. No. 25,649

Telephone: (321) 725-4760

Full name of (FIRST) Inventor: Eric Magne SOLIE

Inventor's Signature: Eric Magne Solie

Date: 4/19/2004

Residence: 219 Northcliff Drive  
Durham, NC 27712

Citizenship: Citizen of United States of America

Post Office Address: 219 Northcliff Drive  
Durham, NC 27712

Full name of (SECOND) inventor: **Michael Edwin SCHNEIDER**  
**(Deceased)**

Residence: 9517 Aire Libre Drive  
Austin, TX 78726

Citizenship: Citizen of United States of America

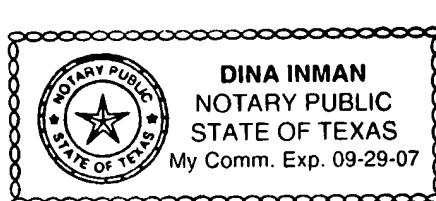
Post Office Address: 9517 Aire Libre Drive  
Austin, TX 78726

*Susan Montgomery Schneider*  
By: *Susan Montgomery Schneider* Date: 4-7-04  
**Susan Montgomery SCHNEIDER**  
**Legal Representative of Deceased Inventor**  
9517 Aire Libre Drive  
Austin, TX 78726

State of Texas :  
: ss.  
County of Travis :

On this 7<sup>th</sup> day of April, 2004,  
before me personally appeared, **Susan Montgomery SCHNEIDER**, the  
above-named LEGAL REPRESENTATIVE OF DECEASED INVENTOR, **Michael**  
**Edwin SCHNEIDER**, to me personally known/provided identification  
(Susan Montgomery) as the individual who executed the  
foregoing declaration, and who acknowledged to me that she  
executed the same of her own free will for the purposes therein  
set forth.

S E A L



*Dina Inman*  
Notary Public  
My commission expires:

LETTERS TESTAMENTARY

ESTATE OF  
MICHAEL EDWIN SCHNEIDER AKA  
MICHAEL E. SCHNEIDER  
DECEASED

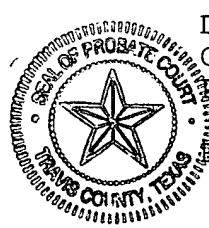
\* CAUSE NUMBER 80606  
\* IN PROBATE COURT  
\* NUMBER ONE  
\* TRAVIS COUNTY, TEXAS

THE STATE OF TEXAS \*

COUNTY OF TRAVIS \*

I, the undersigned Clerk of the Probate Court No. 1 of Travis County Texas, do hereby certify that on the 18th day of FEBRUARY, 2004, SUSAN MONTGOMERY SCHNEIDER WAS duly granted by said Court, Letters Testamentary of the Estate of MICHAEL EDWIN SCHNEIDER AKA MICHAEL E SCHNEIDER Deceased, and that SHE qualified as INDEPENDENT EXECUTOR WITHOUT BOND of said estate on the 18th day of FEBRUARY, 2004, as the law requires, said appointment is still in full force and effect.

Given under my hand and seal of office at Austin, Texas, on this 18th day of February, 2004.



DANA DEBEAUVOIR  
County Clerk, Travis County, Texas  
P.O. Box 1748, Austin, Texas 78767

By Deputy:

Alan Serrano

80606-003

ORIGINAL COPY

## CERTIFICATION OF VITAL RECORD

## CITY OF AUSTIN

STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME OF DECEASED		(a) FIRST <b>MICHAEL</b>	(b) MIDDLE <b>EDWIN</b>	(c) LAST <b>SCHNEIDER</b>	(d) MAIDEN	2. SEX Male	3. DATE OF DEATH <b>January 15, 2004</b>				
4 DATE OF BIRTH		5. AGE (IN YEARS) <b>September 9, 1953</b>	5. IF UNDER 1 YR. MO	6. IF UNDER 1 DAY DAYS	7. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) <b>Georgetown, Texas</b>	8. IF YES, SPECIFY (MEXICAN, CUBAN PUERTO RICAN, ETC.) <b>Caucasian</b>	9. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	10. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEMENTARY, SECONDARY (0-12) COLLEGE (13-17)) <b>17+</b>			
11. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Susan Montgomery</b>		13. DECEASED'S USUAL OCCUPATION <b>Engineer</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Semiconductor</b>					
15a. RESIDENCE STREET ADDRESS <b>9517 Aire Libre Drive</b>				15b. CITY OR TOWN <b>Austin</b>		15c. COUNTY <b>Travis</b>		15d. STATE <b>Texas</b>	15e. ZIP CODE <b>78726</b>	15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16. FATHER'S NAME <b>Edwin George Schneider</b>		17. MOTHER'S MAIDEN NAME <b>Ann Polvado</b>		18. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> OTHER (SPECIFY) <b>Hospice</b>		19. COUNTY OF DEATH <b>Travis</b>		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO) <b>Austin</b>	21. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN INSTITUTION, SHOW STREET ADDRESS) <b>Hospice Austin's Christopher House</b>		
22. INFORMANT — SIGNATURE & RELATIONSHIP <b>Susan Schneider, wife</b>		23. MAILING ADDRESS OF INFORMANT <b>9517 Aire Libre Drive, Austin, TX 78726</b>		24. METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) <b>Cook-Walden/Capital Parks</b>		25. PLACE OF DISPOSITION (NAME OF CEMETERY, Cremation or Funeral Home) <b>Cook-Walden/Capital Parks</b>		26. LOCATION (CITY, STATE) <b>Pflugerville, Texas</b>	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Brandy Molitor</b>	28. DATE OF DISPOSITION <b>Brandy B. Molitor, #11675 January 21, 2004</b>	29. NAME & ADDRESS OF FUNERAL HOME <b>Cook-Walden/Chapel of the Hills Funeral Home 9700 Anderson Mill Road Austin, Texas 78750</b>
30. CERTIFIER <b>Robert O. Kerr, M.D.</b>		31. SIGNATURE & TITLE OF CERTIFIER <b>M.D.</b>		32. DATE SIGNED <b>01 19 2004</b>		33. TIME OF DEATH <b>2:35 P.M.</b>					
34. PRINTED NAME & ADDRESS OF CERTIFIER <b>Robert O. Kerr, M.D. 711 West 38th Street, Suite B-1, Austin, Texas 78705</b>		35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Metastatic Non Small Cell Lung Cancer</i> DUE TO (OR AS A LIKELY CONSEQUENCE OF): <i>Adm 218 hours</i>		36. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>218 hours</i>							
36. SEQUENTIALLY 1st conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death). LAST		37. DUE TO (OR AS A LIKELY CONSEQUENCE OF):  DUE TO (OR AS A LIKELY CONSEQUENCE OF):  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> UNKNOWN		39. WAS DECEASED PREGNANT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	40. 40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	41a. DATE OF INJURY  41b. TIME OF INJURY M. 41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC (SPECIFY)		
42a. REGISTRAR FILE NO. <b>02-00138</b>		42b. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 20 2004</b>		42c. SIGNATURE OF LOCAL REGISTRAR <i>Rogelio Moreno</i>							

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 95, 989)

S246771

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health & Safety Code.

ISSUED

JAN 21 2004

*Rogelio Moreno*  
Local Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.